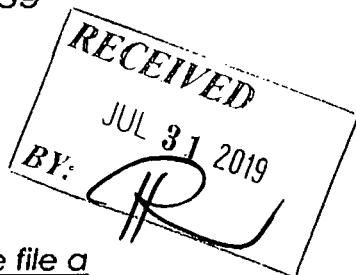


ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1 PET (1738) FAX (602) 364-1039

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COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: JULY 31, 2019

Case Number: 20 - 06

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Frank Coburn, DVM

Premise Name: Animal Care Clinic of Prescott

Premise Address: 803 E Sheldon St

City: Prescott State: AZ Zip Code: 86301

Telephone: (928) 445-5442

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Bryan Matthew DiSimone

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Richard
Breed/Species: Green Tree Python (Morella Viridis)
Age: 18 Months Sex: Unknown Color: Yellow

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Dr. Frank Coburn, DVM
Animal Care Clinic of Prescott
803 E Sheldon St
Prescott, AZ 86301
928-445-5442

E. WITNESS INFORMATION:

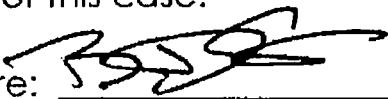
Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Bryan Matthew DiSimone
Sara Peterson
Address:

Dr. Frank Coburn, DVM

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: 

Date: 7/31/15

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

On June 29 2019 I brought an unsexed Green Tree Python (*Morelia Viridis*) estimated to be about 18 months old to Dr. Frank Coburn, DVM at the Animal Care Clinic of Prescott. I scheduled this consultation under the suspicion that my pet was suffering from internal parasites. Dr. Coburn performed a physical evaluation of my pet on the date listed above, and did not note anything of concern after evaluating the pit organ, and vent. I was instructed to collect a fecal sample, and return it promptly to Dr. Coburn. I am not unfamiliar with this condition as it relates to snakes, and I assumed that this would be the recommendation of the veterinarian. On July 26th 2019 this fecal sample was collected and given to Dr. Coburn. On July 29th 2019, I was informed that it had came back negative, and did not contain any parasites. On this same date I had collected a second fecal sample that contained a visible, but unknown parasite. I informed the office of my findings, and brought the second sample for evaluation. On July 29th I was informed by the office that this fecal sample did in fact contain an internal parasite, believed to be a Pin Worm. The office recommended that I schedule an appointment on July 30th 2019 in order to have Dr. Coburn provide treatment. I was informed that the drug would have to be administered to my pet SubQ, and that an oral treatment of the drug would not be effective. I was not entirely comfortable with the drug being administered SubQ, but the Doctor insisted. I trusted his knowledge, along with experience and consented to the treatment plan. On July 30th at 10:30AM PDT I arrived to the Animal Care Clinic of Prescott to proceed with the treatment. I was placed into an exam room by the receptionist, where I was greeted by a veterinarian technician, I am unsure of her name. My snake was taken by this technician out of the exam room, and into a different room, to undergo the injection. Prior to the procedure I was not informed of what drug would be used, how it will work to effectively eradicate the parasites, nor any side effects or risks that may be associated with the drug. The only information I received was an invoice for payment stating "Ivermectin". At this point I was not concerned because I have known this to be one of two drugs routinely used in the treatment of parasites in a wide range of animals. After returning home on July 30th 2019, and returning my pet to its enclosure he was active, alert, and displaying behaviors that I considered to be normal. That same night I began to notice lethargy, trouble breathing, and an overall sense of malaise. The animal was not reactive to any external stimuli, and appeared to be having trouble holding himself onto his perch. His head would move only slightly, and the remainder of his body appeared what could best be described as limp. On the morning of July 31st 2019, I had discovered that my pet had died in the night. I do not have the resources to have a necropsy conducted, but I can confirm that the animal perished after having been administered a dose of SubQ Ivermectin. I have been unable to locate any literature, or peer reviewed journal articles that demonstrate an instance of Ivermectin being lethal to this species of snake when the Ivermectin dose is calculated appropriately. My concern is not only is a pet that I have spent hours trying to nurse back to health after a rough upbring is deceased, but that I was not adequately informed of the treatment plan or risks associated with said treatment plan. I am filining this complaint in hopes that this case will be reviewed by the Arizona State Veterinary Medical Examining board to ensure that the proper procedures were followed during the care of my snake. I am at a loss for words, and although I am not a board certified Veterinarian, the only explanation that I can establish is that the dosage of Ivermectin was incorrectly caluculated. As of the writing of this complaint I have contacted the Animal Care Clinic of Prescott and requested copies of the medical records pertaining to this case.

Animal Care Clinic of Prescott

803 E. Sheldon St

Prescott, AZ 86301

928-445-5442

To Whom It May Concern,

First of all I must express my sympathies to Mr. DiSimone for the loss of his pet "Richard". I suspected Ivermectin may have been the culprit as Mr. DiSimone has suggested , although this was absolutely not due to an error in dosage. Although an "off label" use of this drug, it has been described in literature for many years at a dose of 200 mcg/kg in nearly all species. I have used it myself in many reptiles and other exotic species without any adverse effects. I know certain breeds can be sensitive such as "Collie" like dogs and whippets, certain birds like budgies, some reptiles, chelonians and indigo snakes. Use in these animals should be avoided. As we all know idiosyncratic reactions can occur with any drug in any animal.

I first saw "Richard" for a new pet exam on 6/28/2019. All parameters suggested a healthy snake. On 7/26/2019 Mr. DiSimone presented a fecal sample as advised. No pathologic parasite ova were noted on direct exam. I advised a larger sample for floatation. On 7/29/2019 Mr. DiSimone presented a worm that had been voided. I suspected oxiuris sp. or other nematode. Due to dehydration and trauma an accurate identification was difficult. I advised treatment ASAP. I chose Ivermectin due to it's injectability as oral meds in snakes require tubing and due to the snakes aggressive behavior would be too stressful. I then consulted my reptile formulary⁽¹⁾ to ensure the dose of 200 mcg/kg was appropriate. I then made a 10:1 dilution of the Ivermectin using propylene glycol as the diluent⁽¹⁾. The dose of .026ml was given IM rather than SQ to help avert any skin discoloration in this beautifully colored snake. The injection was given

approximately .5 cm lateral to the dorsal midline in the anterior 1/3 of the snake. The snake was then returned to the owner by my technician. He was advised to return in 2 weeks for the 2nd injection. He voiced no concerns or questions.

During the night neither I or the local emergency clinic, Prescott Area Pet Emergency, heard from Mr. DiSimone. Phone numbers for the ER and my personal cell are available on our clinic messaging machine. The next morning he called stating that "Richard" had died and requested a copy of his records. When he came in to retrieve his records I went up front to the reception desk to give him my condolences. When asked what happened he reported that "Richard" was lethargic, moving "weird" and was found dead in the morning. He was obviously distraught and did not offer any other statements.

To address some of his concerns, there are no reported side effects in reptiles, and death is extremely rare in all species. The mechanism of action is very technical concerning GABA agonism etc. I'm not sure I can explain all the biochemical changes in common language.

The dose was calculated as so: 1 % Ivermectin = 10 mg/ml, 10:1 dilution gives us 1 mg/ml. For a .126 kg snake at .2mg/kg, the dose would be $.2 \times .126 = .0252$ mg. Because it is 1 mg/ml, the dose is .0252 ml. Rounded off it was .026ml given IM.

(1) MADER: Reptile Medicine and Surgery 2nd Edition

Sincerely,



Frank S Coburn, DVM

08/27/2019

Animal Care Clinic of Prescott

803 E. Sheldon St

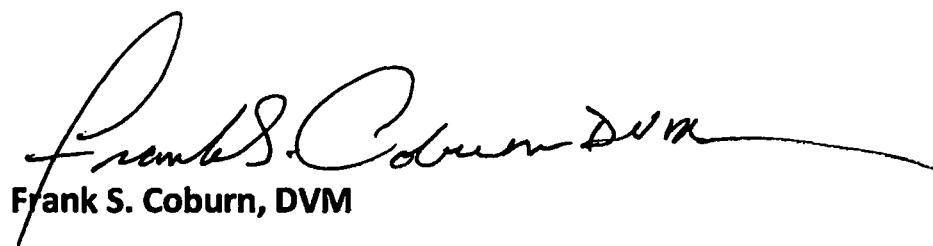
Prescott, AZ 86301

928-445-5442

Addendum to "Richard" DiSimone response:

After some further thought on this matter, I have realized that one of Mr. DiSimone's key objections was that he was not informed of Ivermectins side effects or it's safety. Even though there are no recorded common side effects and it has an excellent safety profile, I should have discussed this with him before the treatment. Also, I should have asked him myself if he had any questions. Although I was very busy with a treatment at the time he came in, that was no excuse. I should have stepped up front and talked to him when I was done. I was trying to save him some expense and time. I am remiss here and am very sorry this was not done.

Sincerely,


Frank S. Coburn, DVM

2nd ED.

cont'd

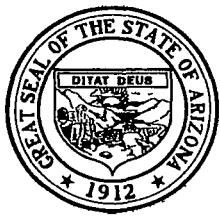
	<u>Location and Clinical Signs</u>	<u>Pathology</u>	<u>Diagnosis</u>	<u>Treatment</u>
worms	found throughout the gastrointestinal tract; feed on host blood and tissue fluids Ingested or skin penetration of L3, adults in gastrointestinal tract from esophagus to large intestine Adults feed on blood <u>Asymptomatic</u> in nature, can cause severe disease in captivity, especially in unsanitary conditions, as result of direct life cycle Anorexia, debilitation, regurgitated worms	Gastrointestinal ulceration, obstruction, intussusception <u>Small worms</u> may be missed on necropsy	Adults in feces/vomit, fecal float, and direct for eggs	Improved hygiene Benzimidazoles, ivermectin (not chelonia)
nd rds	Mosquito or tick vector ingest microfilaria and inject second host Adults reside in posterior vena cava or renal veins Usually subclinical but clinical signs including edema and necrosis	Usually nonpathogenic At necropsy, adults may be found in blood vessels, free in coelom, or under skin Thrombosis causes edema, aneurysms, necrosis May cause extensive dermal lesions in Asian Pythons from microfilariae in capillaries	Microfilaria in blood smear; SQ removal of adult <i>Foleyella</i>	Control vectors Treatment of a patent infection (ivermectin) may cause death from degeneration of adult worms Monthly prevention with avermectins possible (not chelonia) Surgical removal of adults (SQ or intracoelemic)
zards	s, very common, often host specific, usually nonpathogenic; not reported from crocodilians Ingested eggs → larvae → adults in large intestine No apparent cross contamination between different species <u>Usually asymptomatic</u>	Usually float, or direct nonpathogenic Mortality in Red-foot Tortoises from Protractis in caecum and colon Viviparous → autoinfection possible Report of impaction in Fiji Banded Iguana	Adults in stool, fecal for eggs, direct smear, or Baermann technique for larvae	Benzimidazoles, ivermectin (not chelonia)
cles	largely unknown, real pathologic significance yet to be determined Adults in intestinal tract Usually subclinical but disease more likely with involvement of liver, bile ducts, or oviducts; few clinical signs reported Snake deaths associated with migrating	Little reported; pathologic significance unknown Migrating <i>Eustrongylides</i> larvae found in skin, lungs, body cavity, and along spinal column	Eggs in fecal float or direct	Benzimidazoles Ivermectin

FORMULARY

Table 89-4 Antiparasitic Agents Used in Reptiles

Agent	Dosage	Species/Comments
Albendazole	50 mg/kg PO ¹⁹⁵	Most species/ascarids
Carbaryl powder (5%)	Topical q 7 d prn ⁷	Most species, primarily snakes/mites; apply sparingly; may rinse after 1-5 min; must treat environment concurrently; alternatively, dust empty cage lightly, place animal in cage for 24 h, then bathe animal and wash cage
Chloroquine	125 mg/kg PO q 48 h × 3 treatments ¹⁹⁶	Tortoises/hemoprotozoa
Dimetridazole	100 mg/kg PO, repeat in 2 wk, ⁴⁴ or 40 mg/kg PO q 24 h × 5-8 d ¹⁴⁷	Snakes (except Milksnakes and Indigo Snakes)/amoebae, flagellates; not available in United States
	40 mg/kg PO, repeat in 2 wk ⁴⁴	Milksnakes and Indigo Snakes/amoebae, flagellates
Emetine	0.5 mg/kg SC, IM q 24 h × 10 d ²	Most species/amoebae, trematodes; higher doses (2.5-5 mg/kg) have been reported ¹¹⁴ ; avoid use in debilitated animals
Fenbendazole	—	Drug of choice for nematodes; may have an antiprotozoan effect ¹¹¹ ; can be given percloacally or use powdered form on food in tortoises ⁹⁰
	25 mg/kg PO q 7 d for up to 4 treatments ¹¹²	All species
	50-100 mg/kg PO, repeat q 14 d prn ^{7,92,94,143}	All species/use 25 mg/kg in Ball Pythons
	50 mg/kg PO q 24 h × 3-5 d ⁶⁷	All species; in chameleons for flagellates, nematodes, and giardia ¹¹⁶
	50 mg/kg PO q 24 h × 3 d q 7-10 d ¹¹⁶	Chameleons, nematodes
	50 mg/kg PO q 24 h × 3 d or 100 mg/kg PO q 14-21 d ²⁰⁶	Tortoises
	100 mg/kg PO q 48 h × 3 treatments; repeat 3 treatments in 3 wk ^{24,148}	Turtles/lower dose (25 mg/kg) has also been recommended ¹¹⁹
Fipronil	Spray or wipe over q 7-10 d ⁵⁵	Most species/mites, ticks; beware of reactions to alcohol carrier; use with caution; use in reptiles needs further evaluation ³⁵
Ivermectin	—	Do not use in chelonians (may be toxic), ¹⁹⁸ crocodilians, ¹¹¹ Indigo Snakes, and skinks ²⁹
	0.2 mg/kg PO, SC, IM, repeat in 2 wk ^{7,61,93,202}	Snakes (except Indigos), lizards (except skinks) ²⁹ /nematodes, mites; caution: colored animals may have skin discoloration at injection site; rarely, adverse effects have been observed in chameleons, possibly associated with breakdown of parasites ⁷ ; do not use within 10 d of diazepam and tiletamine/zolazepam; can dilute with propylene glycol; narrower range of safety than fenbendazole; rare deaths and occasional nervous system signs, lethargy, or inappetence have been reported (especially in lizards); ¹¹¹ used for Pentastomids in Monitor Lizards (used with dexamethasone 0.2 mg/kg q 2 d) ⁶¹ ; surgical removal may still be necessary ⁵⁸
	5 ² ,112-10 mg ¹¹² /L water topical q 4-5 d up to 4 wk ¹¹²	Snakes, lizards/mites; spray on skin and in cage; some wash cage out 15 min later, others let cage dry before replacing reptile; some recommend ivermectin spray for the animal and pyrethroid or larval inhibitor for environment ¹¹⁰
Levamisole	5-10 mg/kg SC, ICe, repeat in 2 wk ¹¹³ (5 mg/kg in chelonians ¹⁴³ ; 10 mg/kg in lizards, ⁷ snakes ⁹²)	Most species/nematodes (including lungworms); very narrow range of safety; main advantage is that it can be administered parenterally; avoid concurrent use with chloramphenicol; avoid use in debilitated animals; low dose may stimulate depressed immune system; can be used IM, but less effective
Mebendazole	10-20 mg/kg SC, IM, ICe ¹⁰¹ 20-100 mg/kg PO, repeat in 14 d ⁵⁵	Most species, including turtles Most species/strongyles, ascarids
Metronidazole	—	Protozoan (i.e., flagellates, amoebae) overgrowth; may stimulate appetite; may cause seizures if overdosed ⁹³ ; for small patients, injectable form can be administered PO; oral liquid is not available in United States, but can be compounded

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Adam Almaraz - Chair
Amrit Rai, DVM
Christine Butkiewicz, DVM
William Hamilton
Brian Sidaway, DVM

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Dawn Halbrook – Compliance Specialist
Mary Williams – Assistant Attorney General

RE: Case: 20-06

Complainant(s): Bryan M. DiSimone

Respondent(s): Frank Coburn, DVM (License: 1537)

SUMMARY:

Complaint Received at Board Office: 7/31/19
Committee Discussion: 10/1/19
Board IIR: 11/20/19

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised
September 2013 (Yellow)

On July 30, 2019, "Richard," an 18-month-old Green Tree Python was presented to Respondent for treatment after finding an intestinal parasite in a fecal evaluation. Respondent administered the snake Ivermectin IM and the snake was discharged.

Later that evening, the snake became lethargic and later died during the night. Complainant stated that he was not adequately informed of the treatment plan or associated risks of the medication.

Complainant was noticed and did not appear.

Respondent was noticed and did not appear.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: Bryan M. DiSimone
- Respondent(s) narrative/medical record: Frank Coburn, DVM

PROPOSED 'FINDINGS of FACT':

1. On June 28, 2019, the snake was presented to Respondent for a new patient exam and fecal testing. The snake had a weight = 132gm. Respondent noted that the snake was aggressive on exam – eyes and vent were within normal limits. The snake appeared active, alert and healthy. Respondent noted mites – Complainant was getting treatment through the mail (no information on what product Complainant was using to treat the mites). Respondent recommended fecal.
2. On July 26, 2019, Complainant brought a fecal sample in for evaluation. No ova or parasites seen. No treatment was noted and Complainant was contacted with results.
3. On July 29, 2019, Complainant presented a worm that had been passed by the snake. Respondent stated that due to dehydration and trauma an accurate identification was difficult. He recommended treatment and Complainant was to bring the snake in the next day.
4. On July 30, 2019, the snake was presented to Respondent for treatment. Complainant stated he was placed in an exam room and was greeted by technical staff. The snake was taken into the treatment area to obtain treatment. Complainant reported that he was not advised what drug would be used, how it would work or side effects or risks associated with the drug.
5. Respondent stated he chose to treat the snake with Ivermectin injection as oral medications in snakes require tubing and due to the snakes aggressive behavior, would be too stressful. He consulted his reptile formulary to ensure the dose of 200mcg/kg was appropriate. Respondent diluted the Ivermectin to 10:1 dilution using propylene glycol and a dose of 0.026mL was administered IM rather than SQ to help avoid any skin discoloration. The injection was given approximately 0.5cm lateral to the dorsal midline in the anterior 1/3 of the snake. The snake was returned to Complainant and was advised to return in 2 weeks.
6. Complainant paid the fees and read on his invoice that the snake was given Ivermectin. He was not concerned as he knew that Ivermectin was one of the two drugs routinely used in treating parasites in a wide range of animals.
7. Complainant returned home and placed the snake in its enclosure. Later that evening, Complainant noticed the snake appeared to be lethargic and was having trouble breathing. The snake was not reactive to stimuli and was having trouble holding himself on his perch.
8. The next morning, Complainant found the snake deceased. He was concerned that the Ivermectin dose was not calculated correctly. Complainant also expressed concern that he was not informed of the treatment plan or risks associated with the treatment plan.
9. Respondent stated in his narrative that he suspects that the Ivermectin was likely the cause of snake's death. However, he did not feel it was due to an error in dosage. Although off-label, Ivermectin has been described in literature for many years at a dose of 200mcg/kg in nearly all species. Respondent further stated that although there are no recorded common side effects with Ivermectin, he should have discussed this with Complainant prior to treatment. He also feels that he should have spoken directly to Complainant to ask if he had any questions with respect to the treatment.

COMMITTEE DISCUSSION:

Some Committee members felt the Ivermectin killed the snake, however they felt Respondent administered the medication correctly. There was a question of whether Respondent was obligated to discuss the medication and the risks with Complainant.

The Committee discussed that Complainant was familiar with Ivermectin. The outcome would not have been different if Respondent discussed the possible risks of the medication, which is widely used, with Complainant. It is unlikely Complainant would have changed his mind about using the product.

Even though it would not have changed the outcome, some Committee members felt Respondent had an obligation to discuss the treatment and potential risks with Complainant.

Some Committee members were unsure if the snake's death was due to the Ivermectin. It was a young snake; it was not clear if the snake was wild caught or if from a breeder or pet shop. It was not known when it last ate – exotics can be fragile and they can expire for no apparent reason, even when they appear healthy.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the Veterinary Practice Act occurred.

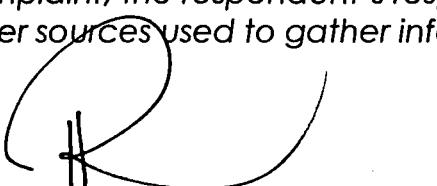
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.



Tracy A. Riendeau, CVT
Investigative Division